

Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 1: Cover Sheet

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the Lobbyist Reporting Form: Individual Reporting Guide

This form must be submitted in its original digital format. Please do not print or scan this form.

	Title First Name*		Middle				
LOBBYIST		KELAN					
	Last Name*		Suffix				
NAME	ROBINSON						
	My employer is a 501c(3) non-profit organization						
EMPLOYING	My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf						
ENTITY							
	Permanent Bus	siness Street Address*	Apartm	ent or Suite Number			
LOBBYIST	100 CONGRESS	AVE	STE 130	STE 1300			
PERMANENT BUSINESS	City*			Zip Code*			
STREET ADDRESS	AUSTIN			78701			
	Business Mailin	ng Address*	Apartm	ent or Suite Number			
LOBBYIST	100 CONGRESS	AVE	STE 130	0			
BUSINESS MAILING	City*		State*	Zip Code*			
ADDRESS	AUSTIN			78701			



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	☐ I am registering as a new lobbyist
	I am renewing my annual lobbyist registration
	☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period
REPORT TYPE *	I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
Check all that apply	
	☐ I am correcting the information provided on a previously filed report Previous Report Type: Previous Report Date
	I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.



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Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Munici	pal Question, clic	k the "Add Additional Munic	ipal Question" button	below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ITITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	This municip description i	al question pertains to real p s required.		either a prop			
OR	70 PASCAL LANE						
LEGAL DESCRIPTION	City		State		Zip Code		
	AUSTIN		TX		78746		
	Property Legal De	escription					
Subject Matter(s)*: Check all sub	bject matters that	apply to the municipal ques	stion above				
Accessibility or Persons with	Disabilities	Environmental Matters, A Quality, or Watershed Pro	Air or Water otection	Permits (Bui	ilding, Site Plans)		
		Finance, Budget, or Inves	tments	Permits (Oth	ner)		
Animals		Health, Healthcare, Ment	al Health, or		y, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Ever	nts, or Convention	Quality of Li			
Aviation		Human Rights or Immigra	ation	Real Estate			
City Infrastructure or Public \	Works	Labor or Workforce		Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or		nd Use	Taxation or	Fees		
Code Compliance		Municipal Court		Technology	or Communications		
Construction		Municipal Legislation		Transportat	ion or Mobility		
Contracts or Procurement		Neighborhoods		Zoning or Pl	atting		
Diversity, Equity, or Inclusion	1	Parks, Recreation, Librari	es, or Museums				
Economic Development		Other:					



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SPECIFIC DESCRIPTION OF MUNICIPAL QUESTION	FNITITI EMENITS	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description	cipal question pertains to real property. *If checon is required.	·	-				
OR	Address	S	Suite or Apartment	Number				
LEGAL DESCRIPTION	721 CONGRESS	SAVE						
	City		State	Zip Code				
	AUSTIN		ГХ	78701				
	Property Legal	Description						
Subject Matter(s)*: Check	all subject matters th	nat apply to the municipal question above						
Accessibility or Persons	s with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bo	uilding, Site Plans)				
Affordability		Finance, Budget, or Investments	Permits (O	ther)				
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or Planning and Response				
Annexation		Historic Preservation	Public Utili or Recyclin	ties, Energy, Water, Solid Waste				
Arts, Music, Film, Cultu Creative Industries	ral or	Hospitality, Tourism, Events, or Convention Center	Quality of	Life Affairs				
Aviation		Human Rights or Immigration	Real Estate	2				
City Infrastructure or P	ublic Works	Labor or Workforce	🔀 Rules, Prop	posed Rules, or Rule Making				
Civil Service, Municipal Retirement Systems	Employment, or	□ Land Development or Land Use	Taxation o	r Fees				
Code Compliance		Municipal Court	Technolog	y or Communications				
		Municipal Legislation		ition or Mobility				
Contracts or Procurem	ent	Neighborhoods	Zoning or F	Platting				
Diversity, Equity, or Inc	lusion	Parks, Recreation, Libraries, or Museums						
Economic Developmen	t	Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS R	ELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS	☐ This municipudescription	pal question pertains to real pr is required.		
OR			Suite or Apart	ment number
LEGAL DESCRIPTION	8509 FM 969			
	City		State	Zip Code
	AUSTIN		TX	78724
	Property Legal D	escription		
Subject Matter(s)*: Check all su	ıbject matters tha	t apply to the municipal questi	ion above	
Accessibility or Persons with	n Disabilities	Environmental Matters, Air Quality, or Watershed Prot	r or Water 🔀 Perm	its (Building, Site Plans)
		Finance, Budget, or Investr	nents Perm	its (Other)
☐ Animals		Health, Healthcare, Mental Human Services		c Safety, Policy, Fire, EMS, or gency Planning and Response
Annexation				c Utilities, Energy, Water, Solid Waste, cycling
Arts, Music, Film, Cultural or Creative Industries	r	Hospitality, Tourism, Event Center	s, or Convention Quali	ty of Life Affairs
Aviation		Human Rights or Immigrati	on Real I	Estate
City Infrastructure or Public	Works	Labor or Workforce		, Proposed Rules, or Rule Making
Civil Service, Municipal Emp Retirement Systems	loyment, or	□ Land Development or Land	Use X Taxat	ion or Fees
Code Compliance		Municipal Court	Techr	nology or Communications
		Municipal Legislation	∑ Trans	sportation or Mobility
Contracts or Procurement		Neighborhoods	∑ Zonin	ng or Platting
Diversity, Equity, or Inclusio	n	Parks, Recreation, Libraries	s, or Museums	
Economic Development		Other:		



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is	al question pertains to real p s required.						
OR	Address		Suite or	Apartment N	umber			
LEGAL DESCRIPTION	4300 STAGGERBR							
	City		State		Zip Code			
	AUSTIN		TX		78749			
	Property Legal De	scription						
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal quest	tion above					
Accessibility or Persons with	Disabilities	Environmental Matters, Ai Quality, or Watershed Pro		Permits (Buil	ding, Site Plans)			
		Finance, Budget, or Invest	ments	Permits (Oth	er)			
Animals		Health, Healthcare, Menta Human Services	al Health, or		r, Policy, Fire, EMS, or Planning and Response			
Annexation		Historic Preservation	\boxtimes	Public Utilitie or Recycling	es, Energy, Water, Solid Waste,			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Even Center	ts, or Convention	Quality of Lif	e Affairs			
Aviation		Human Rights or Immigrat	tion	Real Estate				
City Infrastructure or Public V	Works	Labor or Workforce		Rules, Propo	sed Rules, or Rule Making			
Civil Service, Municipal Empl Retirement Systems	oyment, or	□ Land Development or Land	d Use	Taxation or F	ees			
Code Compliance		Municipal Court		Technology o	or Communications			
		Municipal Legislation		Transportation	on or Mobility			
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting			
Diversity, Equity, or Inclusion	n	Parks, Recreation, Librarie	s, or Museums					
Economic Development		Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ITITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	This municip description i	al question pertains to real props required.	erty. *If checked, either a p	· · · · · · · · · · · · · · · · · · ·			
OR	710 WEST AVE						
LEGAL DESCRIPTION	City		State	Zip Code			
	AUSTIN		TX	78701			
	Property Legal De	escription					
Subject Matter(s)*: Check all sul	bject matters that	t apply to the municipal question	above				
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Quality, or Watershed Protect	Water Permits	(Building, Site Plans)			
		Finance, Budget, or Investmen	nts Permits	(Other)			
Animals		Health, Healthcare, Mental He Human Services		afety, Policy, Fire, EMS, or ncy Planning and Response			
Annexation		Historic Preservation	Public U or Recy	Itilities, Energy, Water, Solid Waste, cling			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, of Center		of Life Affairs			
Aviation		Human Rights or Immigration		rate			
City Infrastructure or Public \	Works	Labor or Workforce	⊠ Rules, P	roposed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Development or Land Use	se 🔀 Taxation	n or Fees			
Code Compliance		Municipal Court	Technol	logy or Communications			
Construction		Municipal Legislation	∑ Transpo	ortation or Mobility			
Contracts or Procurement		Neighborhoods	Zoning (or Platting			
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries, o	r Museums				
Economic Development		Other:					



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS R	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municipudescription	pal question pertains to real prope is required.	erty. *If checked, either a p					
OR	COLTON BLUFF S	PRINGS RD						
LEGAL DESCRIPTION	City		LState	Zip Code				
	AUSTIN		TX	78744				
			['^	70744				
	Property Legal D	escription						
Subject Matter(s)*: Check all su	ubject matters tha	t apply to the municipal question	above					
Accessibility or Persons with	n Disabilities	Environmental Matters, Air or Quality, or Watershed Protecti		(Building, Site Plans)				
		Finance, Budget, or Investmen	ts Permits	(Other)				
Animals		Health, Healthcare, Mental He Human Services		afety, Policy, Fire, EMS, or ncy Planning and Response				
Annexation		Historic Preservation	Public Uor Recyc	tilities, Energy, Water, Solid Waste, ling				
Arts, Music, Film, Cultural o Creative Industries	r	Hospitality, Tourism, Events, or Center	Convention Quality of	of Life Affairs				
Aviation		Human Rights or Immigration	Real Esta	ate				
City Infrastructure or Public	Works	Labor or Workforce	Rules, Pr	roposed Rules, or Rule Making				
Civil Service, Municipal Emp Retirement Systems	loyment, or	☐ Land Development or Land Use	e 🔀 Taxation	or Fees				
Code Compliance		Municipal Court	Technolo	ogy or Communications				
		Municipal Legislation	∑ Transpo	rtation or Mobility				
Contracts or Procurement		Neighborhoods	∑ Zoning o	or Platting				
Diversity, Equity, or Inclusio	n	Parks, Recreation, Libraries, or	Museums					
Economic Development		Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS F	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description	pal question pertains to real proise required.	operty. *If checked, eithe	r a property address or legal				
OR	Address		Suite or Apa	rtment Number				
LEGAL DESCRIPTION	6500 RR 2222							
LEGAL DESCRIPTION	City		State	Zip Code				
	AUSTIN		ТХ	78730				
	Property Legal D	Description						
Subject Matter(s)*: Check all s	ubject matters tha	at apply to the municipal questi	on above					
Accessibility or Persons wit	h Disabilities	Environmental Matters, Air Quality, or Watershed Prote		nits (Building, Site Plans)				
Affordability		Finance, Budget, or Investm	nents Perr	mits (Other)				
Animals		Health, Healthcare, Mental Human Services	<u> </u>	lic Safety, Policy, Fire, EMS, or ergency Planning and Response				
Annexation		Historic Preservation		lic Utilities, Energy, Water, Solid Waste ecycling				
Arts, Music, Film, Cultural of Creative Industries	or	Hospitality, Tourism, Events Center	s, or Convention Qua	lity of Life Affairs				
Aviation		Human Rights or Immigration	on 🔀 Rea	l Estate				
City Infrastructure or Public	Works	Labor or Workforce	⊠ Rule	es, Proposed Rules, or Rule Making				
Civil Service, Municipal Emp Retirement Systems	oloyment, or	∠ Land Development or Land	Use 🔀 Taxa	ation or Fees				
Code Compliance		Municipal Court	Tecl	nnology or Communications				
		Municipal Legislation	∑ Tran	nsportation or Mobility				
Contracts or Procurement		Neighborhoods	⊠ Zon	ing or Platting				
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries	, or Museums					
Economic Development		Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is		s to real property. *If chec	•	· · ·			
OR	Address		Si	uite or Apartment	Number			
LEGAL DESCRIPTION	2300 CLOUD WAY							
	City		St	tate	Zip Code			
	AUSTIN			X	78759			
	Property Legal De	scription						
Subject Matter(s)*: Check all sul	bject matters that	apply to the munic	cipal question above					
Accessibility or Persons with	Disabilities	Environmental Quality, or Wat	Matters, Air or Water tershed Protection	Permits (B	uilding, Site Plans)			
		Finance, Budge	et, or Investments	Permits (C	Other)			
Animals		Health, Healtho	care, Mental Health, or s		ety, Policy, Fire, EMS, or y Planning and Response			
Annexation		Historic Preser	vation	Public Util or Recyclir	ities, Energy, Water, Solid Waste, ng			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Too	urism, Events, or Convention	Quality of	Life Affairs			
Aviation		Human Rights	or Immigration	Real Estate	е			
City Infrastructure or Public V	Works	Labor or Workf	rorce	Rules, Pro	posed Rules, or Rule Making			
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Developm	nent or Land Use	▼ Taxation o	or Fees			
		Municipal Cour	t	Technolog	y or Communications			
		Municipal Legis	slation		ation or Mobility			
Contracts or Procurement		Neighborhoods	5	Zoning or	Platting			
Diversity, Equity, or Inclusion	n	Parks, Recreati	on, Libraries, or Museums					
Economic Development		Other:						



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To report r	nore than one Municiរុ	oal Question, clicl	k the	"Add Ac	dditional Municipal Question"	button k	oelow.		
	DESCRIPTION OF THE CIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PRO	PERTY ADDRESS	description is	•	•	ertains to real property. *If ch	iecked, e	either a prop	perty address or lega	al
	OR	Address				Suite or	Apartment N	lumber	
LEG	AL DESCRIPTION	NW QUADRANT (OF PE	ARCE LN	& WOLF LN INT				
110		City				State		Zip Code	
		CEDAR CREEK				TX		78612	
		Property Legal De	escript	tion					
Subject Ma	atter(s)*: Check all sub	ject matters that	appl	y to the	municipal question above				
Acces	ssibility or Persons with I	Disabilities			mental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)	
	dability		\boxtimes	Finance,	Budget, or Investments	\boxtimes	Permits (Oth	ner)	
Anim	nals			Health, I Human S	Healthcare, Mental Health, or Services			y, Policy, Fire, EMS, or Planning and Response	
Anne	exation			Historic	Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Sol	id Waste,
	Music, Film, Cultural or tive Industries			Hospitali Center	ity, Tourism, Events, or Conventio	on 🗌	Quality of Li	fe Affairs	
Aviat	cion			Human F	Rights or Immigration	\boxtimes	Real Estate		
City I	nfrastructure or Public V	Vorks		Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule Ma	king
	Service, Municipal Emplo ement Systems	yment, or	\boxtimes	Land Dev	velopment or Land Use	\boxtimes	Taxation or	Fees	
⊠ Code	e Compliance			Municipa	al Court		Technology	or Communications	
	truction			Municipa	al Legislation	\boxtimes	Transportati	ion or Mobility	
Cont	racts or Procurement		\boxtimes	Neighbo	rhoods	\boxtimes	Zoning or Pla	atting	
Diver Diver	rsity, Equity, or Inclusion		\boxtimes	Parks, Re	ecreation, Libraries, or Museums				
Econ	omic Development			Other:					



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To report more than	one Municij	pal Question, clic	ck the "Add Ad	lditional Municipal Question	" button b	elow.			
SPECIFIC DESCRIPTION MUNICIPAL QUES		ENTITLEMENTS R	ENTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADD	BESS.	☐ This municip description		ertains to real property. *If o	checked, e	either a prop	perty address or le	gal	
OR	IKL33	Address			Suite or	Apartment N	lumber		
LEGAL DESCRIP	TION								
LEGAL DESCRI		City			State		Zip Code		
		Property Legal D	escrintion						
		LOT 1, PLEASANT	-	ION					
Subject Matter(s)*: 0	Check all sub	ject matters tha	t apply to the	municipal question above					
Accessibility or F	Persons with I	Disabilities		nental Matters, Air or Water or Watershed Protection	\boxtimes	Permits (Bui	lding, Site Plans)		
Affordability				Budget, or Investments	\boxtimes	Permits (Oth	ner)		
Animals			Health, H	Healthcare, Mental Health, or Fervices			y, Policy, Fire, EMS, o Planning and Respor		
Annexation			Historic	Preservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, S	olid Waste	
Arts, Music, Film Creative Industri			Hospitali Center	ty, Tourism, Events, or Convent	tion	Quality of Li	fe Affairs		
Aviation			Human F	tights or Immigration	\boxtimes	Real Estate			
City Infrastructu	re or Public V	Vorks	Labor or	Workforce	\boxtimes	Rules, Propo	osed Rules, or Rule N	1aking	
Civil Service, Mu Retirement Syste		oyment, or	∑ Land Dev	velopment or Land Use	\boxtimes	Taxation or	Fees		
Code Complianc	e		Municipa	al Court		Technology	or Communications		
			Municipa	al Legislation	\boxtimes	Transportati	ion or Mobility		
Contracts or Pro	curement		Neighbo	rhoods	\boxtimes	Zoning or Pla	atting		
Diversity, Equity	, or Inclusion		Parks, Re	ecreation, Libraries, or Museum	ıs				
Economic Develo	opment		Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ELATED TO LAND DEVELOPMENT		
PROPERTY ADDRESS	This municip description is	val question pertains to real property. * s required.	If checked, either a pro	
OR	rtauress		Suite of Apartment	Number
LEGAL DESCRIPTION				
	City		State	Zip Code
	Property Legal De	escription		
	MCCORMICK RAN	NCH ON LAKE AUSTIN		
Subject Matter(s)*: Check all su	bject matters that	t apply to the municipal question above		
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)
		Finance, Budget, or Investments	Permits (C	ther)
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response
Annexation			Public Util or Recyclir	ities, Energy, Water, Solid Waste, ng
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conve Center	ention	Life Affairs
Aviation		Human Rights or Immigration	Real Estate	2
City Infrastructure or Public	Works	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making
Civil Service, Municipal Empl Retirement Systems	oyment, or			r Fees
Code Compliance		Municipal Court	☐ Technolog	y or Communications
		Municipal Legislation		ation or Mobility
Contracts or Procurement		Neighborhoods	Zoning or	Platting
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Libraries, or Museu	ıms	
Economic Development		Other:		



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PROPERTY ADDRESS	description is	al question pertains to real p s required.					
OR	Address		Suite or	Apartment N	lumber		
LEGAL DESCRIPTION	220 S. CONGRESS	AVE					
	City		State		Zip Code		
	AUSTIN		ТХ		78701		
	Property Legal De	scription					
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal quest	tion above				
Accessibility or Persons with	Disabilities	Environmental Matters, Ai Quality, or Watershed Pro		Permits (Buil	lding, Site Plans)		
		Finance, Budget, or Invest	ments 🔀	Permits (Oth	er)		
Animals		Health, Healthcare, Menta Human Services	al Health, or		r, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic Preservation		Public Utilitie or Recycling	es, Energy, Water, Solid Waste,		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Even Center	ts, or Convention	Quality of Lif	e Affairs		
Aviation		Human Rights or Immigrat	tion	Real Estate			
City Infrastructure or Public V	Works	Labor or Workforce		Rules, Propo	sed Rules, or Rule Making		
Civil Service, Municipal Empl Retirement Systems	oyment, or	□ Land Development or Land	d Use	Taxation or F	Fees		
Code Compliance		Municipal Court		Technology of	or Communications		
		Municipal Legislation		Transportation	on or Mobility		
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting		
Diversity, Equity, or Inclusion	n	Parks, Recreation, Librarie	s, or Museums				
Economic Development		Other:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Munici	ipal Question, click	the "Add Additi	onal Municipal Question" bu	utton bel	ow.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	description is		ins to real property. *If ched				
OR	Address			Suite or A	partment N	umber	
LEGAL DESCRIPTION	823 CONGRESS AV	/E					
	City		9	State		Zip Code	
	AUSTIN		1	ГΧ		78701	
	Property Legal De	scription	_				
Subject Matter(s)*: Check all sul	bject matters that	apply to the mu	nicipal question above				
Accessibility or Persons with	Disabilities		al Matters, Air or Water /atershed Protection	∑ P	ermits (Buil	ding, Site Plans)	
		Finance, Bud	get, or Investments	∑ P	ermits (Oth	er)	
Animals		Health, Health	thcare, Mental Health, or ces			, Policy, Fire, EMS, or lanning and Response	
Annexation			ervation		ublic Utilitie r Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, 7	ourism, Events, or Convention	□ a	uality of Lif	e Affairs	
Aviation		Human Right	es or Immigration	⊠ R	eal Estate		
City Infrastructure or Public V	Works	Labor or Wo	rkforce	⊠ R	ules, Propo	sed Rules, or Rule Making	
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Develop	oment or Land Use	∑ Ta	axation or F	ees	
Code Compliance		Municipal Co	purt	T	echnology o	or Communications	
		Municipal Le	gislation	X T	ransportatio	on or Mobility	
Contracts or Procurement		Neighborhoo	ods	⊠ Z	oning or Pla	atting	
Diversity, Equity, or Inclusion	n	Parks, Recre	ation, Libraries, or Museums				
Economic Development		Other:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one N	Aunicipal Question, cl	ick the "Add Additional Municipal Question" bu	utton below.			
SPECIFIC DESCRIPTION OF MUNICIPAL QUESTION	. FNITITI EMENITS	ENTITLEMENTS RELATED TO LAND DEVELOPMENT				
PROPERTY ADDRESS	description	ipal question pertains to real property. *If ched is required.	•			
OR	Address		Suite or Apartment	Number		
LEGAL DESCRIPTION						
LEGAL DESCRIPTION	City	5	State	Zip Code		
]		
		L				
	Property Legal	Description				
	PEARSON PLAC	E SECTION THREE				
Subject Matter(s)*: Check	all subject matters th	at apply to the municipal question above				
Accessibility or Person	s with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)		
✓ Affordability		Finance, Budget, or Investments	Permits (C	other)		
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response		
Annexation		Historic Preservation	Public Util or Recyclir	ities, Energy, Water, Solid Waste ng		
Arts, Music, Film, Culto Creative Industries	ural or	Hospitality, Tourism, Events, or Convention Center	Quality of	Life Affairs		
Aviation		Human Rights or Immigration	Real Estate	2		
City Infrastructure or F	Public Works	Labor or Workforce	X Rules, Pro	posed Rules, or Rule Making		
Civil Service, Municipa Retirement Systems	l Employment, or	□ Land Development or Land Use	∑ Taxation o	r Fees		
Code Compliance		Municipal Court	Technolog	y or Communications		
		Municipal Legislation		ation or Mobility		
Contracts or Procurem	ent	Neighborhoods	Zoning or	Platting		
Diversity, Equity, or In	clusion	Parks, Recreation, Libraries, or Museums				
Economic Developmen	nt	Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 1) a specific description of each municipal question
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To report more than one Munic	ipal Question, clicl	the "Add Addition	nal Municipal Question" bu	tton below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	description is		s to real property. *If chec			al	
OR	Address		S	uite or Apartn	ment Number		
LEGAL DESCRIPTION	8701 MOPAC EXP	RESSWAY					
	City		S	tate	Zip Code		
	AUSTIN			X	78759		
	Property Legal De	scription					
Subject Matter(s)*: Check all su	bject matters that	apply to the muni	cipal question above				
Accessibility or Persons with	Disabilities		Matters, Air or Water tershed Protection	Permit	ts (Building, Site Plans)		
		Finance, Budge	et, or Investments	Permit	ts (Other)		
Animals		Health, Healtho	care, Mental Health, or s		Safety, Policy, Fire, EMS, or gency Planning and Respons		
Annexation		Historic Preser	vation	Public or Rec	Utilities, Energy, Water, Socycling	lid Waste,	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Too	urism, Events, or Convention	Qualit	y of Life Affairs		
Aviation		Human Rights	or Immigration	⊠ Real E	state		
City Infrastructure or Public	Works	Labor or Work	force		Proposed Rules, or Rule M	aking	
Civil Service, Municipal Empl Retirement Systems	oyment, or		nent or Land Use	X Taxati	on or Fees		
		Municipal Cou	rt	Techn	ology or Communications		
		Municipal Legis	slation		portation or Mobility		
Contracts or Procurement		Neighborhoods	5	∑ Zoning	g or Platting		
Diversity, Equity, or Inclusion	n	Parks, Recreati	on, Libraries, or Museums				
Economic Development		Other:					



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

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To report more than one Munic	ipal Question, clicl	k the "Add Additional Municipal C	Question" button below.				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	description is	al question pertains to real prope s required.		· · ·			
OR	Address		Suite or Apartme	nt Number			
LEGAL DESCRIPTION	308 GUADALUPE	STREET					
	City		State	Zip Code			
	AUSTIN		ТХ	78701			
	Property Legal De	escription					
Subject Matter(s)*: Check all su	bject matters that	apply to the municipal question	above				
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Quality, or Watershed Protecti		(Building, Site Plans)			
		Finance, Budget, or Investment	ts Permits	(Other)			
Animals		Health, Healthcare, Mental Healt	<u> </u>	afety, Policy, Fire, EMS, or ncy Planning and Response			
Annexation			Public U or Recyc	tilities, Energy, Water, Solid Waste, ling			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Center	Convention Quality of	of Life Affairs			
Aviation		Human Rights or Immigration		ate			
City Infrastructure or Public	Works	Labor or Workforce	Rules, Pr	roposed Rules, or Rule Making			
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or Land Use	e X Taxation	or Fees			
Code Compliance		Municipal Court	Technolo	ogy or Communications			
		Municipal Legislation	∑ Transpo	rtation or Mobility			
Contracts or Procurement		Neighborhoods	∑ Zoning o	or Platting			
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libraries, or	Museums				
Economic Development		Other:					



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	description is		ins to real property. *If chec				
OR	Address			ouite or A	partment N	umber	
LEGAL DESCRIPTION	1800 WESTLAKE P	ASS					
	City		9	State		Zip Code	
	AUSTIN		1	ГΧ		78746	
	Property Legal De	scription					
Subject Matter(s)*: Check all sul	bject matters that	apply to the mu	nicipal question above				
Accessibility or Persons with	Disabilities		al Matters, Air or Water /atershed Protection	⊠ P	ermits (Buil	ding, Site Plans)	
		Finance, Bud	get, or Investments	⊠ P	ermits (Oth	er)	
Animals		Health, Health	thcare, Mental Health, or ces			r, Policy, Fire, EMS, or Planning and Response	
Annexation			ervation		ublic Utilitie r Recycling	es, Energy, Water, Solid Waste	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, 7	ourism, Events, or Convention		Quality of Lif	e Affairs	
Aviation		Human Right	es or Immigration	⊠ R	eal Estate		
City Infrastructure or Public V	Works	Labor or Wo	rkforce	⊠ R	ules, Propo	sed Rules, or Rule Making	
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Develop	oment or Land Use		axation or F	ees	
Code Compliance		Municipal Co	purt	T	echnology o	or Communications	
		Municipal Le	gislation		ransportati	on or Mobility	
Contracts or Procurement		Neighborhoo	ods	⊠ Z	oning or Pla	atting	
Diversity, Equity, or Inclusion	n	Parks, Recre	ation, Libraries, or Museums				
Economic Development		Other:					



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To report more than one Munici	ipal Question, clicl	k the "Add Additional Municipa	al Question" button below	V.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	description is	al question pertains to real pros s required.					
OR	Address		Suite or Apar	tment Number			
LEGAL DESCRIPTION	5810 STEINER RAI	NCH					
	City		State	Zip Code			
	AUSTIN		TX	78732			
	Property Legal De	escription					
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal question	on above				
Accessibility or Persons with	Disabilities	Environmental Matters, Air Quality, or Watershed Prote		nits (Building, Site Plans)			
		Finance, Budget, or Investm	ents $igthiangle$ Perr	nits (Other)			
Animals		Health, Healthcare, Mental Human Services	<u> </u>	lic Safety, Policy, Fire, EMS, or rgency Planning and Response			
Annexation		Historic Preservation		lic Utilities, Energy, Water, Solid Waste, ecycling			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events Center	, or Convention Qua	lity of Life Affairs			
Aviation		Human Rights or Immigration	on 🔀 Real	Estate			
City Infrastructure or Public V	Works	Labor or Workforce	⊠ Rule	es, Proposed Rules, or Rule Making			
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or Land	Use 🔀 Taxa	ation or Fees			
		Municipal Court	Tech	nnology or Communications			
		Municipal Legislation	∑ Tran	sportation or Mobility			
Contracts or Procurement		Neighborhoods	Zoni	ng or Platting			
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libraries,	or Museums				
Economic Development		Other:					



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To report more than one Munici	ipal Question, clicl	k the "Add Additional Muni	cipal Question" buttor	n below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	This municip description is	al question pertains to real s required.					
OR		DECCMAN	Suite	or Apartment N	umber		
LEGAL DESCRIPTION	7200 MOPAC EXP	KESSWAY					
	City		State	:	Zip Code		
	AUSTIN		ТХ		78731		
	Property Legal De	escription					
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal que	estion above				
Accessibility or Persons with	Disabilities	Environmental Matters, Quality, or Watershed P		Permits (Bui	lding, Site Plans)		
		Finance, Budget, or Inve	stments [Permits (Oth	ner)		
Animals		Health, Healthcare, Mer Human Services	ntal Health, or [, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic Preservation	[2	Public Utilition	es, Energy, Water, Solid Waste,		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Eve Center	ents, or Convention [Quality of Lif	fe Affairs		
Aviation		Human Rights or Immigr	ration	Real Estate			
City Infrastructure or Public V	Works	Labor or Workforce		X Rules, Propo	sed Rules, or Rule Making		
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or La	and Use [X Taxation or I	Fees		
Code Compliance		Municipal Court	[Technology	or Communications		
○ Construction		Municipal Legislation		Transportati	on or Mobility		
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting		
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Librar	ries, or Museums				
Economic Development		Other:					



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To report more than one Munici	pal Question, clic	k the "Add Additional Municip	al Question" button belov	v.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	This municip description i	al question pertains to real pros s required.		r a property address or legal			
OR	610 E. 11TH STRE	ET / 705 E. 12TH STREET					
LEGAL DESCRIPTION	City		State	Zip Code			
	AUSTIN		TX	78701			
	Property Legal De	escription					
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal question	on above				
Accessibility or Persons with	Disabilities	Environmental Matters, Air Quality, or Watershed Prote	or Water 🔀 Perr	mits (Building, Site Plans)			
		Finance, Budget, or Investm	ents Perr	mits (Other)			
Animals		Health, Healthcare, Mental Human Services		lic Safety, Policy, Fire, EMS, or ergency Planning and Response			
Annexation		Historic Preservation		lic Utilities, Energy, Water, Solid Waste, Recycling			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events		llity of Life Affairs			
Aviation		Human Rights or Immigration	on 🔀 Rea	l Estate			
City Infrastructure or Public \	Works	Labor or Workforce	⊠ Rule	es, Proposed Rules, or Rule Making			
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or Land	Use 🔀 Taxa	ation or Fees			
Code Compliance		Municipal Court	Tecl	hnology or Communications			
Construction		Municipal Legislation	∑ Tran	nsportation or Mobility			
Contracts or Procurement		Neighborhoods	⊠ Zon	ing or Platting			
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries,	or Museums				
Economic Development		Other:					



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To report more than one Munic	ipal Question, clicl	the "Add Additiona	I Municipal Question" but	ton below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT					
PROPERTY ADDRESS	description is		to real property. *If check				
OR	Address		Su	iite or Apartment I	Number		
LEGAL DESCRIPTION	6001 AIRPORT RO	AD					
	City		Sta	ate	Zip Code		
	AUSTIN		ТХ	(78752		
	Property Legal De	scription					
Subject Matter(s)*: Check all su	bject matters that	apply to the municip	pal question above				
Accessibility or Persons with	Disabilities	Environmental M Quality, or Water	latters, Air or Water rshed Protection	Permits (Bu	ilding, Site Plans)		
		Finance, Budget,	or Investments	Permits (Ot	her)		
Animals		Health, Healthca Human Services	re, Mental Health, or		y, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic Preserva	ition	Public Utiliti	ies, Energy, Water, Solid Waste,		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tour	ism, Events, or Convention	Quality of Li	ife Affairs		
Aviation		Human Rights or	Immigration	Real Estate			
City Infrastructure or Public	Works	Labor or Workfo	rce	Rules, Propo	osed Rules, or Rule Making		
Civil Service, Municipal Empl Retirement Systems	oyment, or		nt or Land Use	Taxation or	Fees		
		Municipal Court		Technology	or Communications		
		Municipal Legisla	ation		ion or Mobility		
Contracts or Procurement		Neighborhoods		Zoning or Pl	latting		
Diversity, Equity, or Inclusion	n	Parks, Recreation	n, Libraries, or Museums				
Economic Development		Other:					



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To report more than one Muni	cipal Question, cli	ick the "Add Additional Municipal Question" bu	itton below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS I	ENTITLEMENTS RELATED TO LAND DEVELOPMENT				
PROPERTY ADDRESS	1—	ipal question pertains to real property. *If checon is required.	cked, either a pro	perty address or legal		
	Address		uite or Apartment	Number		
OR						
LEGAL DESCRIPTION	City		itate	Zip Code		
	,]		
	Property Legal I	Description				
Subject Matter(s)*: Check all s	ubject matters th	at apply to the municipal question above				
Accessibility or Persons wit	h Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	uilding, Site Plans)		
Affordability		Finance, Budget, or Investments	Permits (Ot	cher)		
Animals		Health, Healthcare, Mental Health, or Human Services		ty, Policy, Fire, EMS, or Planning and Response		
Annexation		Historic Preservation	Public Utilit or Recyclin	ties, Energy, Water, Solid Waste g		
Arts, Music, Film, Cultural of Creative Industries	or	Hospitality, Tourism, Events, or Convention Center	Quality of L	ife Affairs		
Aviation		Human Rights or Immigration				
City Infrastructure or Public	c Works	Labor or Workforce	Rules, Prop	osed Rules, or Rule Making		
Civil Service, Municipal Em Retirement Systems	ployment, or	□ Land Development or Land Use	Taxation or	Fees		
Code Compliance		Municipal Court	Technology	or Communications		
		Municipal Legislation		tion or Mobility		
Contracts or Procurement		Neighborhoods	Zoning or P	latting		
Diversity, Equity, or Inclusion	on	Parks, Recreation, Libraries, or Museums				
Economic Development		Other: CODENEXT				



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is	al question pertains to real pros required.						
OR	Address		Suite or Apar	tment Number				
LEGAL DESCRIPTION	425 W. RIVERSIDE							
	City		State	Zip Code				
	AUSTIN		TX	78704				
	Property Legal De	escription						
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal question	on above					
Accessibility or Persons with	Disabilities	Environmental Matters, Air Quality, or Watershed Prote		nits (Building, Site Plans)				
		Finance, Budget, or Investm	nents $igthiangle$ Perm	nits (Other)				
Animals		Health, Healthcare, Mental Human Services	<u> </u>	ic Safety, Policy, Fire, EMS, or rgency Planning and Response				
Annexation		Historic Preservation	V 1	ic Utilities, Energy, Water, Solid Waste, ecycling				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events Center	, or Convention Qual	ity of Life Affairs				
Aviation		Human Rights or Immigration	on 🔀 Real	Estate				
City Infrastructure or Public V	Works	Labor or Workforce	⊠ Rule	s, Proposed Rules, or Rule Making				
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or Land	Use 🔀 Taxa	tion or Fees				
		Municipal Court	☐ Tech	nology or Communications				
		Municipal Legislation	∑ Tran	sportation or Mobility				
Contracts or Procurement		Neighborhoods	∑ Zoniı	ng or Platting				
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libraries,	or Museums					
Economic Development		Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is	al question pertains to real post required.			legal			
OR	Address		Suite or A	Apartment Number				
LEGAL DESCRIPTION	916 CONGRESS							
	City		State	Zip Code				
	AUSTIN		TX	78701				
	Property Legal De	escription						
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal quest	ion above					
Accessibility or Persons with	Disabilities	Environmental Matters, Ai Quality, or Watershed Pro	r or Water tection	Permits (Building, Site Plans)				
		Finance, Budget, or Investi	ments	Permits (Other)				
Animals		Health, Healthcare, Menta Human Services	<u></u> -	Public Safety, Policy, Fire, EMS Emergency Planning and Resp				
Annexation		Historic Preservation		Public Utilities, Energy, Water or Recycling	, Solid Waste,			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Event Center	ts, or Convention	Quality of Life Affairs				
Aviation		Human Rights or Immigrat	ion	Real Estate				
City Infrastructure or Public V	Works	Labor or Workforce		Rules, Proposed Rules, or Rule	e Making			
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or Land	d Use	Taxation or Fees				
Code Compliance		Municipal Court		Technology or Communication	ns			
		Municipal Legislation		Transportation or Mobility				
Contracts or Procurement		Neighborhoods		Zoning or Platting				
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libraries	s, or Museums					
Economic Development		Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is	al question pertains to real post required.						
OR	Address		Suite or A	Apartment Nu	mber			
LEGAL DESCRIPTION	1112 S. 8TH STRE	ET ————————————————————————————————————						
	City		State		Zip Code			
	AUSTIN		ТХ		78702			
	Property Legal De	scription						
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal quest	ion above					
Accessibility or Persons with	Disabilities	Environmental Matters, Ai Quality, or Watershed Pro		Permits (Build	ing, Site Plans)			
		Finance, Budget, or Investi	ments	Permits (Othe	r)			
Animals		Health, Healthcare, Menta			Policy, Fire, EMS, or anning and Response			
Annexation		Historic Preservation		Public Utilities or Recycling	, Energy, Water, Solid Waste,			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Event	ts, or Convention	Quality of Life	Affairs			
Aviation		Human Rights or Immigrat	ion	Real Estate				
City Infrastructure or Public V	Works	Labor or Workforce		Rules, Propose	ed Rules, or Rule Making			
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or Land	d Use	Taxation or Fe	es			
		Municipal Court		Technology or	Communications			
		Municipal Legislation		Transportation	n or Mobility			
Contracts or Procurement		Neighborhoods		Zoning or Plat	ting			
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Librarie	s, or Museums					
Economic Development		Other:						



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Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Munic	ipal Question, clicl	k the "Add Additional Municipal C	uestion" button below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is	al question pertains to real prope s required.						
OR	Address		Suite or Apartme	nt Number				
LEGAL DESCRIPTION	304 E. CESAR CHA	AVEZ						
	City		State	Zip Code				
	AUSTIN		TX	78701				
	Property Legal De	escription						
Subject Matter(s)*: Check all su	bject matters that	apply to the municipal question a	above					
Accessibility or Persons with	Disabilities	Environmental Matters, Air or N Quality, or Watershed Protection		(Building, Site Plans)				
		Finance, Budget, or Investment	Permits ((Other)				
Animals		Health, Healthcare, Mental Health Human Services	<u> </u>	ifety, Policy, Fire, EMS, or icy Planning and Response				
Annexation			Public Ut or Recyc	tilities, Energy, Water, Solid Waste, ling				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Center	Convention Quality of	of Life Affairs				
Aviation		Human Rights or Immigration		ate				
City Infrastructure or Public	Works	Labor or Workforce	🔀 Rules, Pr	oposed Rules, or Rule Making				
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or Land Use	Taxation	or Fees				
Code Compliance		Municipal Court	Technolo	ogy or Communications				
		Municipal Legislation		rtation or Mobility				
Contracts or Procurement		Neighborhoods	∑ Zoning o	r Platting				
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries, or	Museums					
Economic Development		Other:						



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 1) a specific description of each municipal question
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To report more than one Munici	ipal Question, clicl	the "Add Additional Mun	icipal Question" buttor	n below.				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is	al question pertains to rea s required.						
OR	Address		Suite	or Apartment N	lumber			
LEGAL DESCRIPTION	1901 SAN ANTON	IO STREET						
	City		State	:	Zip Code			
	AUSTIN		TX		78705			
	Property Legal De	scription						
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal qu	estion above					
Accessibility or Persons with	Disabilities	Environmental Matters Quality, or Watershed I		Permits (Bui	lding, Site Plans)			
		Finance, Budget, or Inv	estments [Permits (Oth	ner)			
Animals		Health, Healthcare, Me Human Services	ental Health, or [, Policy, Fire, EMS, or Planning and Response			
Annexation		Historic Preservation		Public Utilition	es, Energy, Water, Solid Waste,			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Ev	vents, or Convention	Quality of Lif	fe Affairs			
Aviation		Human Rights or Immig	gration	Real Estate				
City Infrastructure or Public V	Works	Labor or Workforce		Rules, Propo	sed Rules, or Rule Making			
Civil Service, Municipal Empl Retirement Systems	oyment, or		and Use [∑ Taxation or I	Fees			
		Municipal Court	[Technology	or Communications			
		Municipal Legislation		∑ Transportati	on or Mobility			
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting			
Diversity, Equity, or Inclusion	ı	Parks, Recreation, Libra	aries, or Museums					
Economic Development		Other:						



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Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is	al question pertains to real pros s required.						
OR	Address		Suite or Apart	ment Number				
LEGAL DESCRIPTION	S. CONGRESS AND	D RALPH ABLENADO						
	City		State	Zip Code				
	AUSTIN		TX	78701				
	Property Legal De	escription						
Subject Matter(s)*: Check all su	bject matters that	apply to the municipal question	on above					
Accessibility or Persons with	Disabilities	Environmental Matters, Air Quality, or Watershed Prote		its (Building, Site Plans)				
		Finance, Budget, or Investm	ents Perm	its (Other)				
Animals		Health, Healthcare, Mental Human Services	<u></u>	c Safety, Policy, Fire, EMS, or gency Planning and Response				
Annexation		Historic Preservation		c Utilities, Energy, Water, Solid Waste, ecycling				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events Center	, or Convention Quali	ity of Life Affairs				
Aviation		Human Rights or Immigration	on Real	Estate				
City Infrastructure or Public	Works	Labor or Workforce	⊠ Rules	s, Proposed Rules, or Rule Making				
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or Land	Use 🔀 Taxat	tion or Fees				
		Municipal Court	Techi	nology or Communications				
		Municipal Legislation	∑ Trans	sportation or Mobility				
Contracts or Procurement		Neighborhoods	⊠ Zonir	ng or Platting				
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libraries,	or Museums					
Economic Development		Other:						



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ITITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is	al question pertains to real pros required.						
OR	Address		Suite or Apart	tment Number				
LEGAL DESCRIPTION	NW CORNER OF S	SLAUGHTER AND IH-35						
	City		State	Zip Code				
	AUSTIN		TX	78745				
	Property Legal De	escription						
Subject Matter(s)*: Check all su	bject matters that	apply to the municipal questic	n above					
Accessibility or Persons with	Disabilities	Environmental Matters, Air of Quality, or Watershed Prote		nits (Building, Site Plans)				
		Finance, Budget, or Investment	ents \square Perm	nits (Other)				
Animals		Health, Healthcare, Mental I Human Services		ic Safety, Policy, Fire, EMS, or rgency Planning and Response				
Annexation		Historic Preservation		ic Utilities, Energy, Water, Solid Waste, ecycling				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, Center	or Convention Qual	ity of Life Affairs				
Aviation		Human Rights or Immigratio	n 🔀 Real	Estate				
City Infrastructure or Public	Works	Labor or Workforce	⊠ Rules	s, Proposed Rules, or Rule Making				
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or Land U	Jse 🔀 Taxa	tion or Fees				
Code Compliance		Municipal Court	Tech	nology or Communications				
		Municipal Legislation	∑ Trans	sportation or Mobility				
Contracts or Procurement		Neighborhoods	⊠ Zoniı	ng or Platting				
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libraries,	or Museums					
Economic Development		Other:						



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Section 2: Municipal Question

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To report more than one Munici	ipal Question, clic	k the "Add Additional Municipal	Question" button below.					
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ITITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	This municip description is	al question pertains to real prop s required.	erty. *If checked, either a p	· · ·				
OR	5210 N LAMAR BI	LVD						
LEGAL DESCRIPTION	City		State	Zip Code				
	AUSTIN		TX	78751				
	Property Legal De	escription						
Subject Matter(s)*: Check all su	bject matters that	apply to the municipal question	above					
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Quality, or Watershed Protect	Water Permits	(Building, Site Plans)				
		Finance, Budget, or Investment	nts Permits	(Other)				
Animals		Health, Healthcare, Mental He	<u> </u>	afety, Policy, Fire, EMS, or ncy Planning and Response				
Annexation		Historic Preservation	Public U or Recyc	tilities, Energy, Water, Solid Waste,				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, o		of Life Affairs				
Aviation		Human Rights or Immigration	Real Est	ate				
City Infrastructure or Public V	Works	Labor or Workforce		roposed Rules, or Rule Making				
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Development or Land Use	se 🔀 Taxation	n or Fees				
Code Compliance		Municipal Court	Technol	ogy or Communications				
Construction		Municipal Legislation		rtation or Mobility				
Contracts or Procurement		Neighborhoods	∑ Zoning company	or Platting				
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries, o	r Museums					
Economic Development		Other:						



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To report more than one Mur	nicipal Question, cl	ick the "Add Additional Municipal Question" bu	utton below.					
SPECIFIC DESCRIPTION OF THI MUNICIPAL QUESTION*	ENTITLEMENTS	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
	_	ipal question pertains to real property. *If checon is required.	cked, either a pro	operty address or legal				
PROPERTY ADDRESS	Address	s	Suite or Apartment	t Number				
OR								
LEGAL DESCRIPTION	City		State	Zip Code				
	City		- Tate	Zip couc				
		[_						
	Property Legal	Description						
Subject Matter(s)*: Check all	subject matters th	at apply to the municipal question above						
Accessibility or Persons wi	ith Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)				
★ Affordability		Finance, Budget, or Investments	Permits (C	Other)				
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response				
Annexation		Historic Preservation	Public Util or Recyclir	ities, Energy, Water, Solid Waste ng				
Arts, Music, Film, Cultural Creative Industries	or	Hospitality, Tourism, Events, or Convention Center	Quality of	Life Affairs				
Aviation		Human Rights or Immigration	Real Estate	е				
City Infrastructure or Publ	ic Works	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making				
Civil Service, Municipal En Retirement Systems	nployment, or	□ Land Development or Land Use	∑ Taxation o	or Fees				
Code Compliance		Municipal Court	∑ Technolog	y or Communications				
		Municipal Legislation		ation or Mobility				
Contracts or Procurement		Neighborhoods	∑ Zoning or	Platting				
Diversity, Equity, or Inclus	ion	Parks, Recreation, Libraries, or Museums						
Economic Development		Other: INTERACTIVE WAYFINDING TEC	HNOLOGY					



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To report more than one Munici	ipal Question, clicl	k the "Add Additional Municip	oal Question" button be	elow.				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description is	al question pertains to real post required.			ss or legal			
OR	Address		Suite or A	Apartment Number				
LEGAL DESCRIPTION	413 NAVASOTA							
	City		State	Zip Code				
	AUSTIN		TX	78702				
	Property Legal De	escription						
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal quest	ion above					
Accessibility or Persons with	Disabilities	Environmental Matters, Ai Quality, or Watershed Pro		Permits (Building, Site Pla	ans)			
		Finance, Budget, or Investi	ments	Permits (Other)				
Animals		Health, Healthcare, Menta Human Services	<u></u>	Public Safety, Policy, Fire Emergency Planning and				
Annexation		Historic Preservation		Public Utilities, Energy, V or Recycling	Vater, Solid Waste,			
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Event	ts, or Convention	Quality of Life Affairs				
Aviation		Human Rights or Immigrat	ion	Real Estate				
City Infrastructure or Public \	Works	Labor or Workforce		Rules, Proposed Rules, o	r Rule Making			
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Development or Land	d Use	Taxation or Fees				
Code Compliance		Municipal Court		Technology or Communi	cations			
		Municipal Legislation		Transportation or Mobili	ty			
Contracts or Procurement		Neighborhoods		Zoning or Platting				
Diversity, Equity, or Inclusion	1	Parks, Recreation, Librarie	s, or Museums					
Economic Development		Other:						



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To report more than one Munic	ipal Question, clic	k the "Add Additional Municip	al Question" button belo	W.				
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	NTITLEMENTS RELATED TO LAND DEVELOPMENT						
PROPERTY ADDRESS	description i	al question pertains to real pros s required.						
OR	Address		Suite or Apa	artment Number				
LEGAL DESCRIPTION	8212 BARTON CL	UB DR						
	City		State	Zip Code				
	AUSTIN		ТХ	78735				
	Property Legal De	escription						
Subject Matter(s)*: Check all su	bject matters that	apply to the municipal questi	on above					
Accessibility or Persons with	Disabilities	Environmental Matters, Air Quality, or Watershed Prote		rmits (Building, Site Plans)				
		Finance, Budget, or Investm	nents $igstyle$ Pe	rmits (Other)				
Animals		Health, Healthcare, Mental Human Services	<u> </u>	blic Safety, Policy, Fire, EMS, or nergency Planning and Response				
Annexation		Historic Preservation		blic Utilities, Energy, Water, Solid Waste, Recycling				
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events Center	s, or Convention Qu	ality of Life Affairs				
Aviation		Human Rights or Immigration	on 🔀 Re	al Estate				
City Infrastructure or Public	Works	Labor or Workforce	⊠ Ru	les, Proposed Rules, or Rule Making				
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or Land	Use 🔀 Tax	xation or Fees				
Code Compliance		Municipal Court	Te	chnology or Communications				
		Municipal Legislation	∑ Tra	ansportation or Mobility				
Contracts or Procurement		Neighborhoods	∑ Zo	ning or Platting				
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libraries	, or Museums					
Economic Development		Other:						



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To report more than	one Munici	pal Question, clic	k the	"Add Ad	dditional Municipal Ques	tion" butt	on b	elow.		
SPECIFIC DESCRIPTION MUNICIPAL QUES		ENTITLEMENTS R	NTITLEMENTS RELATED TO LAND DEVELOPMENT							
PROPERTY ADD	RESS	description	•		ertains to real property.	*If checke	ed, e	ither a prop	erty addres	ss or legal
OR		Address				Suit	e or	Apartment N	lumber	
LEGAL DESCRIP	TION	OLD HWY 20								
	-	City				Sta	te		Zip Code	
		MANOR				TX			78653	
		Property Legal D	escrip	tion						
Subject Matter(s)*: (Check all sub	oject matters tha	t app	ly to the	municipal question abov	/e				
Accessibility or F	ersons with	Disabilities	\boxtimes		mental Matters, Air or Wate or Watershed Protection	er	\boxtimes	Permits (Buil	lding, Site Pla	ans)
Affordability			\boxtimes	Finance,	Budget, or Investments		\boxtimes	Permits (Oth	ier)	
Animals				Health, I Human S	Healthcare, Mental Health, Services	or		Public Safety Emergency F	-	
Annexation			\boxtimes	Historic	Preservation			Public Utilitie or Recycling	es, Energy, W	/ater, Solid Waste
Arts, Music, Film Creative Industr				Hospital Center	ity, Tourism, Events, or Con	vention		Quality of Lif	e Affairs	
Aviation				Human I	Rights or Immigration		\boxtimes	Real Estate		
City Infrastructu	re or Public V	Vorks		Labor or	Workforce		\boxtimes	Rules, Propo	sed Rules, or	Rule Making
Civil Service, Mu Retirement Syst		oyment, or	\boxtimes	Land De	velopment or Land Use		\boxtimes	Taxation or F	ees	
Code Complianc	e			Municip	al Court			Technology	or Communio	cations
Construction				Municip	al Legislation		\boxtimes	Transportati	on or Mobilit	ty
Contracts or Pro	curement		\boxtimes	Neighbo	orhoods		\boxtimes	Zoning or Pla	atting	
Diversity, Equity	, or Inclusion		\boxtimes	Parks, Re	ecreation, Libraries, or Mus	eums				
Economic Devel	opment			Other:						



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT				
PROPERTY ADDRESS	description is	al question pertains to rea s required.				
OR	Address		Suite	or Apartment N	lumber	
LEGAL DESCRIPTION	E. STATE HWY 71					
	City		State	:	Zip Code	
	DEL VALLE		TX		78617	
	Property Legal De	escription				
Subject Matter(s)*: Check all su	bject matters that	apply to the municipal qu	estion above			
Accessibility or Persons with	Disabilities	Environmental Matters Quality, or Watershed I		Permits (Bui	lding, Site Plans)	
Affordability		Finance, Budget, or Inve	estments	Permits (Oth	ner)	
Animals		Health, Healthcare, Me Human Services	ntal Health, or		,, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic Preservation		Public Utilition	es, Energy, Water, Solid Waste,	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Ev	rents, or Convention	Quality of Lif	fe Affairs	
Aviation		Human Rights or Immig	gration	Real Estate		
City Infrastructure or Public	Works	Labor or Workforce		⊠ Rules, Propo	sed Rules, or Rule Making	
Civil Service, Municipal Empl Retirement Systems	oyment, or		and Use	X Taxation or I	Fees	
Code Compliance		Municipal Court]	Technology	or Communications	
		Municipal Legislation		Transportati	on or Mobility	
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting	
Diversity, Equity, or Inclusion	n	Parks, Recreation, Libra	ries, or Museums			
Economic Development		Other:				



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SPECIFIC DESCRIPTION OF T MUNICIPAL QUESTION*	FNITITI EMENTS	ENTITLEMENTS RELATED TO LAND DEVELOPMENT				
PROPERTY ADDRESS	description	∑ This municipal question pertains to real property. *If checked, either a property address or legal description is required.				
OR	Address		Suite or Apartment	Number		
LEGAL DESCRIPTION						
LEGAL DESCRIPTION	City	9	State	Zip Code		
	Property Legal	Description				
		ALEXAN MOUNTAIN VIEW & PT LOT 1 & LOT 2 BELVI	N M E SUBD & ABS	86 SUR 75 BELL AF ACR 10.6010		
Subject Matter(s)*: Check a	Il subject matters th	at apply to the municipal question above				
Accessibility or Persons	with Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)		
Affordability		Finance, Budget, or Investments	Permits (O	ther)		
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response		
Annexation		Historic Preservation	Public Utili or Recyclir	ities, Energy, Water, Solid Waste ng		
Arts, Music, Film, Cultur Creative Industries	al or	Hospitality, Tourism, Events, or Convention Center	Quality of	Life Affairs		
Aviation		Human Rights or Immigration	Real Estate	2		
City Infrastructure or Pu	ıblic Works	Labor or Workforce	🔀 Rules, Prop	posed Rules, or Rule Making		
Civil Service, Municipal Retirement Systems	Employment, or	□ Land Development or Land Use		r Fees		
Code Compliance		Municipal Court	Technolog	y or Communications		
		Municipal Legislation		ation or Mobility		
Contracts or Procureme	ent	Neighborhoods	Zoning or I	Platting		
Diversity, Equity, or Incl	usion	Parks, Recreation, Libraries, or Museums				
Economic Development		Other:				



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To report more than one Munici	pal Question, clicl	k the "Add Additional Municipal Qા	uestion" button below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	DEVELOPMENT OF	DEVELOPMENT OF MAJOR LEAGUE SOCCER STADIUM AND RELATED PRACTICE FACILITIES				
PROPERTY ADDRESS	roperty address or legal					
OR	Address		Suite or Apartme	nt Number		
LEGAL DESCRIPTION						
	City		State	Zip Code		
	Property Legal De	escription				
Subject Matter(s)*: Check all sul	oject matters that	apply to the municipal question al	bove			
Accessibility or Persons with	Disabilities	Environmental Matters, Air or W Quality, or Watershed Protection	/ater Nermits (Building, Site Plans)		
Affordability		Finance, Budget, or Investments	Permits ((Other)		
Animals		Health, Healthcare, Mental Healthcare, Human Services	<u> </u>	fety, Policy, Fire, EMS, or cy Planning and Response		
Annexation		Historic Preservation	Public Ut or Recyc	cilities, Energy, Water, Solid Waste, ling		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or C	Convention Quality of	of Life Affairs		
Aviation		Human Rights or Immigration		ite		
City Infrastructure or Public \	Works	Labor or Workforce	🔀 Rules, Pr	oposed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	∠ Land Development or Land Use		or Fees		
Code Compliance		Municipal Court	☐ Technolo	ogy or Communications		
		Municipal Legislation		tation or Mobility		
Contracts or Procurement		Neighborhoods	Zoning o	r Platting		
Diversity, Equity, or Inclusion	1	Parks, Recreation, Libraries, or N	Nuseums			
Economic Development		Other:				



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT				
PROPERTY ADDRESS	description is	al question pertains to real pertains to				
OR	Address		Suite o	or Apartment N	lumber	
LEGAL DESCRIPTION	12971 POND SPRI	NGS ROAD				
	City		State		Zip Code	
	AUSTIN		ТХ		78729	
	Property Legal De	escription				
Subject Matter(s)*: Check all sul	bject matters that	apply to the municipal ques	stion above			
Accessibility or Persons with	Disabilities	Environmental Matters, A Quality, or Watershed Pr		Permits (Bui	lding, Site Plans)	
		Finance, Budget, or Inves	stments	Permits (Oth	ner)	
Animals		Health, Healthcare, Ment	tal Health, or		y, Policy, Fire, EMS, or Planning and Response	
Annexation		Historic Preservation		Public Utiliti or Recycling	es, Energy, Water, Solid Waste,	
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Eve Center	nts, or Convention	Quality of Li	fe Affairs	
Aviation		Human Rights or Immigra	ation	Real Estate		
City Infrastructure or Public V	Works	Labor or Workforce		Rules, Propo	osed Rules, or Rule Making	
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Development or Land	nd Use	☐ Taxation or	Fees	
		Municipal Court		Technology	or Communications	
		Municipal Legislation		Transportati	on or Mobility	
Contracts or Procurement		Neighborhoods		Zoning or Pla	atting	
Diversity, Equity, or Inclusion	n	Parks, Recreation, Librari	es, or Museums			
Economic Development		Other:				



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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.						
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT				
PROPERTY ADDRESS	description is	= = = = = = = = = = = = = = = = = = = =	ns to real property. *If chec			ess or legal
OR	Address		<u>S</u>	uite or Apa	artment Number	
LEGAL DESCRIPTION	508 WEST AVENU	E				
	City		S	tate	Zip Code	
	AUSTIN		Т	X	78701	
	Property Legal De	scription				
Subject Matter(s)*: Check all su	bject matters that	apply to the muni	cipal question above			
Accessibility or Persons with	Disabilities		Matters, Air or Water tershed Protection	⊠ Pei	rmits (Building, Site P	lans)
		Finance, Budge	et, or Investments	Nei	rmits (Other)	
Animals		Health, Health	care, Mental Health, or es		blic Safety, Policy, Fir nergency Planning an	
Annexation		Historic Preser	vation		blic Utilities, Energy, Recycling	Water, Solid Waste,
Arts, Music, Film, Cultural or Creative Industries		Hospitality, To Center	urism, Events, or Convention	☐ Qu	ality of Life Affairs	
Aviation		Human Rights	or Immigration	⊠ Rea	al Estate	
City Infrastructure or Public	Works	Labor or Work	force	⊠ Rul	les, Proposed Rules, (or Rule Making
Civil Service, Municipal Empl Retirement Systems	oyment, or	∠ Land Developr	nent or Land Use	∑ Tax	kation or Fees	
		Municipal Cou	rt	□ Те	chnology or Commur	ications
		Municipal Legi	slation	⊠ Tra	nsportation or Mobi	lity
Contracts or Procurement		Neighborhood	S	⊠ Zoı	ning or Platting	
Diversity, Equity, or Inclusion	n	Parks, Recreat	ion, Libraries, or Museums			
Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

ro repo	ort more than one Municip	pai Question, click	the "Add Additional Municipal Question" b	outton below.		
	IFIC DESCRIPTION OF THE UNICIPAL QUESTION*	ENTITLEMENTS RELATED TO LAND DEVELOPMENT				
	PROPERTY ADDRESS	description is	al question pertains to real property. *If che required.	·		
	OR	Address		Suite or Apartme	nt Number	
	LEGAL DESCRIPTION	5521 Springdale R	load			
		City		State	Zip Code	
		AUSTIN		TX	78723	
		Property Legal De	scription			
Subject	t Matter(s)*: Check all sub	ject matters that	apply to the municipal question above			
	Accessibility or Persons with [Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits	(Building, Site Plans)	
× A	Affordability		Finance, Budget, or Investments	Permits	(Other)	
	Animals		Health, Healthcare, Mental Health, or Human Services		afety, Policy, Fire, EMS, or ncy Planning and Response	
A	Annexation		Historic Preservation	Public U or Recyc	tilities, Energy, Water, Solid Waste ling	
	Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	n	of Life Affairs	
	Aviation		Human Rights or Immigration	Real Esta	ate	
\boxtimes (City Infrastructure or Public W	/orks	Labor or Workforce	Rules, Pi	roposed Rules, or Rule Making	
	Civil Service, Municipal Emplo Retirement Systems	yment, or	□ Land Development or Land Use		or Fees	
\boxtimes c	Code Compliance		Municipal Court	Technolo	ogy or Communications	
\boxtimes c	Construction		Municipal Legislation		rtation or Mobility	
	Contracts or Procurement		Neighborhoods	⊠ Zoning c	or Platting	
	Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums			
⊠ E	Economic Development		Other:			



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Munici	pai Question, clic	k the "Add Additional Municipal Questic	on button below.			
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	ENTITLEMENTS RE	ENTITLEMENTS RELATED TO LAND DEVELOPMENT				
PROPERTY ADDRESS	This municip description i	pal question pertains to real property. *I is required.	f checked, either a pro	· · · · · · · · · · · · · · · · · · ·		
OR	6301 FM 2222					
LEGAL DESCRIPTION	City		State	Zip Code		
	Austin		тх	78737		
	Property Legal De	escription				
Subject Matter(s)*: Check all sub	ject matters that	t apply to the municipal question above				
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (B	uilding, Site Plans)		
		Finance, Budget, or Investments	Permits (C	ther)		
Animals		Health, Healthcare, Mental Health, or Human Services		ety, Policy, Fire, EMS, or y Planning and Response		
Annexation		Historic Preservation	Public Util or Recyclir	ities, Energy, Water, Solid Waste ng		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conve	ntion	Life Affairs		
Aviation		Human Rights or Immigration	🔀 Real Estato	2		
City Infrastructure or Public V	Vorks	Labor or Workforce	Rules, Pro	posed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	□ Land Development or Land Use		r Fees		
		Municipal Court	Technolog	y or Communications		
		Municipal Legislation		ation or Mobility		
Contracts or Procurement		Neighborhoods		Platting		
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museu	ms			
Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\Box I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* PACITTI		
	Client Business Address*	Client Apartment of	or Suite Number
	300 W. 6TH STREET	STE 2300	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78701
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount			
CLIENT	less than \$10,000	OR				
COMPENSATION						
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.					
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):			

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clients reporting period	it compensation du	ring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable * NELSEN PARTNERS, INC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 905 CONGRESS AVE Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of Client State*	Client Zip Code*

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount			
CLIENT	less than \$10,000	OR				
COMPENSATION						
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.					
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):			

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clients reporting period	nt compensation du	uring the applicable
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* KIPP AUSTIN		
	Client Business Address* 8509 FM 969	Client Apartment	or Suite Number
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78724
NATURE OF BUSINESS	Nature of Client's Business* EDUCATION		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	I		
CLIENT NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable* GALLEGOS		
	Client Business Address* 5515 BALCONES DRIVE	Client Apartment	or Suite Number
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78731
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	compensation information	, provide your reason(s) (250 char. max):	

Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

	1		
NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*]	
	cililios 25 die, inte		
	Client Business Address*	Client Apartment	or Suite Number
	800 W. 6TH		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	TECHNOLOGY		
DUSINESS	TECHNOLOGY		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION	L			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable * CARMA TEXAS, INC			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 11501 ALTERRA PKWY Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment STE 100 Client State* TX	or Suite Number Client Zip Code* 78758	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	1			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* ENDEAVOR REAL ESTATE GROUP, LLC			
	Client Business Address*	Client Apartment of	or Suite Number	
	500 W. 5TH STREET	STE 700		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable *		
	ORACLE		
	Client Business Address*	Client Apartment	or Suite Number
	9515 TOWNE CENTRE DR.		
CLIENT			
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	SAN DIEGO	CA	92121
NATURE OF	Nature of Client's Business*		
BUSINESS	SOFTWARE APPLICATIONS		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

_	Compensation Category*		(\$) Exact Amount	
CLIENT	\$10,000 - \$24,999	OR		
COMPENSATION		<u> </u>		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Co	ompensation information	, provide your reason(s) (250 char. max):	

Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* QUALICO CR, L.P.			
	Client Business Address* 1440 THE LAKES BLVD	Client Apartment o	or Suite Number	
CLIENT	1440 THE LAKES BEVD			
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	PFLUGERVILLE	TX	78660	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	ompensation information	n, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	RYAN COMPANIES, INC.		
	Client Business Address*	Client Apartment o	or Suite Number
	111 CONGRESS AVE	STE 1850	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT/ CONSTRUCTION		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. m		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* TAYLOR MORRISON OF TEXAS, INC.			
	Client Business Address*	Client Apartment o	or Suite Number	
	11200 LAKELINE BLVD	STE 150 A		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	1			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	YETI COOLER, LLC			
	Client Business Address*	Client Apartment c	or Suite Number	
	5301 SOUTHWEST PARKWAY	STE 200		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78735	
NATURE OF BUSINESS	Nature of Client's Business* RETAILER			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount	
	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (25)			

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*			
CLIENT ADDRESS AND	Client Business Address* 2630 EXPOSITION BLVD Client City* AUSTIN	Client Apartment of STE 114 Client State* TX	Client Zip Code*	
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	ompensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	CENTURY LAND HOLDINGS LLC		
	Client Business Address*	Client Apartment of	or Suite Number
	6500 RIVER PLACE BLVD		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78730
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	ompensation information	n, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	EURUS 8701 ATRIUM LLC		
	Client Business Address*	Client Apartment	or Suite Number
	7200 N. MOPAC	STE 450	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78731
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable * LINCOLN PROPERTY COMPANY			
	Client Business Address*	Client Apartment of	or Suite Number	
	2000 MCKINNEY AVE	STE 100		
CLIENT ADDRESS AND	Client City* DALLAS	Client State*	Client Zip Code*	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* MCHALE			
	Client Business Address* 111 CONGRESS AVE	Client Apartment	or Suite Number	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client State*	Client Zip Code* 78701	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* MU 15 INVESTMENTS, LTD.			
	Client Business Address*	Client Apartment of	or Suite Number	
	7200 N. MOPAC	STE 450		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code*	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION	L			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	THE KURCEA COMPANY			
	Client Business Address*	Client Apartment	or Suite Number	
	7200 N. MOPAC	STE 450		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	тх	78731	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* VELOCITY CREDIT UNION			
	Client Business Address*	Client Apartment o	or Suite Number	
	1717 W. 6TH STREET	STE 400		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*			
BUSINESS	FINANCIAL INSTITUTION			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION	L			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable* REDLEAF HIGHLAND, LLC			
	Client Business Address* 4015 GUADALUPE ST.	Client Apartment	or Suite Number	
CLIENT ADDRESS	Client City* AUSTIN	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount	
	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (25)			

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client reporting period	nt compensation du	iring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	SEAMLESS CAPITAL, L.P. Client Business Address*	Client Apartment	or Suite Number
CUENT	4407 BEE CAVES RD	STE 421	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client State* TX	Client Zip Code* 78746
	REAL ESTATE INVESTIGIENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,000		amount is <mark>required</mark>
	If you fail to provide the above Client C	Compensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* STREAM REALTY		
	Client Business Address*	Client Apartment	or Suite Number
	515 CONGRESS AVE	STE 1300	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78701
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,000		amount is <mark>required</mark>
	If you fail to provide the above Client C	Compensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation du	uring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*		
CLIENT ADDRESS AND NATURE OF	Client Business Address* 515 CONGRESS AVE Client City* AUSTIN Nature of Client's Business*	Client Apartment STE 1400 Client State* TX	or Suite Number Client Zip Code* 78701
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	ompensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\Box I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* DAVIS WAYNE FS, LLC			
	Client Business Address*	Client Apartment of	or Suite Number	
	3821 JUNIPER TRACE	STE 207		
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78738	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	ompensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable *		
	WHITE LODGING SERVICES CORPORATION		
	Client Business Address* 701 E. 83RD AVE	Client Apartment o	or Suite Number
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City* MERRILLVILLE Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client State*	Client Zip Code* 46410

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount		
CLIENT	less than \$10,000	OR			
COMPENSATION					
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.				
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):				

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	BARSHOP & OLES COMPANY		
	Client Business Address*	Client Apartment o	or Suite Number
	801 CONGRESS AVE	STE 300	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clients reporting period	it compensation du	uring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* SPEEDY STOP FOOD STORES, LTD	1	
CLIENT	Client Business Address* P.O. BOX 1876	Client Apartment	or Suite Number
ADDRESS AND NATURE OF BUSINESS	Client City* VICTORIA Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client State*	Client Zip Code* 77902
	REAL ESTATE INVESTIGENT, DEVELOT MENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

	I represented no clients and received no clien	nt compensation du	uring the applicable
NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	HEB GROCERY STORES		
	Client Business Address*	Client Apartment	or Suite Number
_	646 SOUTH MAIN		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	SAN ANTONIO	TX	78204
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clients reporting period	nt compensation du	uring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*	1	
CLIENT	Client Business Address* 3600 BEE CAVES ROAD	Client Apartment STE 200	
ADDRESS AND NATURE OF BUSINESS	Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client State* TX	Client Zip Code* 78746

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION		_		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* OBMSMG LLC			
	Client Business Address*	Client Apartment o	or Suite Number	
CHENT	250 N. HARTFORD AVE			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	COLUMBUS	ОН	43222	
NATURE OF	Nature of Client's Business*			
BUSINESS	TECHNOLOGY			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	ompensation information,	, provide your reason(s) (250 char. max):	

Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	I			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable *			
	OMNI HOTELS/ BARTON CREEK CONFERENCE CENTER			
	Client Business Address*	Client Apartment o	or Suite Number	
	4001 MAPLE AVENUE	STE 600		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	DALLAS	TX	75219	
NATURE OF	Nature of Client's Business*			
BUSINESS	HOSPITALITY			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clients reporting period	nt compensation du	uring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	TITAN CAPITAL INVESTMENT GROUP, LLC Client Business Address*	Client Apartment	or Suite Number
CLIENT ADDRESS AND NATURE OF BUSINESS	401 E. CITY AVE Client City* BALA CYNWYD Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	STE 812 Client State* PA	Client Zip Code* 19004

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*	1		
	GOVEIA COMMERCIAL REAL ESTATE			
	Client Business Address*	Client Apartment	or Suite Number	
_	24855 DEL PRADO			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	DANA POINT	СА	92629	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	ompensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable*			
	HEB/ CHARLES BUTT (HOLDSWORTH CENTER)			
	Client Business Address*	Client Apartment of	or Suite Number	
	646 SOUTH MAIN			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	SAN ANTONIO	ТХ	78204	
NATURE OF	Nature of Client's Business*			
BUSINESS	EDUCATIONAL CENTER			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client C	ompensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* 183 BLW, LP		
	Client Business Address* PO BOX 9190	Client Apartment o	or Suite Number
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78766
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client	Compensation information,	provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	2501 W. BRAKER, L.P.		
	Client Business Address*	Client Apartment	or Suite Number
	1601 MOPAC EXPRESSWAY	STE 175	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*		
	ALLEGIANCE MOBILE HEALTH		
	Client Business Address* 501 S. AUSTIN AVE	Client Apartment o	or Suite Number
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City* GEORGETOWN Nature of Client's Business*	Client State*	Client Zip Code* 78626
BOZINEZZ	AMBULATORY CARE		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), th		amount is required
	for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max)		

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	-	
	AUSTIN ACHIEVE SCHOOLS		
	Client Business Address*	Client Apartment	or Suite Number
	5908 MANOR ROAD		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78723
NATURE OF	Nature of Client's Business*		
BUSINESS	EDUCATION		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Day City Code Section 4.9 6(AVi) to	a avast componentian s	amount is required
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	AUSTIN BAPTIST CHURCH		
	Client Business Address*	Client Apartment o	r Suite Number
	823 CONGRESS AVE	STE 111	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	тх	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	RELIGIOUS ASSEMBLY		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	L		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
	If you fail to provide the above Client	Compensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

	I represented no clients and received no clien	nt compensation du	uring the applicable
NO CLIENTS TO REPORT	reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	7	
	AUSTIN BOARD OF REALTORS		
	Client Business Address*	Client Apartment	or Suite Number
	4800 SPICEWOOD SPRINGS RD		
CLIENT	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78759
NATURE OF	Nature of Client's Business*		
BUSINESS	RESIDENTIAL REAL ESTATE ORGANIZATION		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	-	
	AUSTIN PARK, LLC		
	Client Business Address*	Client Apartment of	or Suite Number
	700 12TH STREET	STE 220	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	GOLDEN	со	80401
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
			, provide your reason(s) (250 entire max).

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* BLENHEIM CORPORATION		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 4716 ST. JOHN'S DR Client City* DALLAS Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of Client State* TX	Client Zip Code*

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Day City Code Section 4.9 6(AVi) to	a avast componentian s	amount is required
	Per City Code Section 4-8-6(A)(j), the for compensation totaling \$500,00		amount is required
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

	I represented no clients and received no clien	at compansation de	uring the applicable
NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	BROCK CONSULTING GROUP		
	Client Business Address*	Client Apartment	or Suite Number
	PO BOX 160340		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78716
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* CAPRIDGE PARTNERS, LLC		
	Client Business Address* 823 CONGRESS AVE	Client Apartment o	or Suite Number
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78701
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	CVR SHORELINE, L.P.		
	Client Business Address*	Client Apartment o	or Suite Number
	1601 S. MOPAC EXPRESSWAY	STE D-175	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	ТХ	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	L		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 cl		
	If you fail to provide the above Client	Compensation information,	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* CWS CAPITAL PARTNERS, LLC		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 9606 N. MOPAC EXPRESSWAY Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client Apartment of STE 500 Client State* TX	Client Zip Code* 78759

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation for compensation totaling \$500,000 or more.		amount is <mark>required</mark>
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	nt compensation du	uring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*]	
CLIENT ADDRESS	Client Business Address* 211 E. 7TH STREET Client City* AUSTIN	Client Apartment STE 818 Client State* TX	or Suite Number Client Zip Code*
AND NATURE OF BUSINESS	Nature of Client's Business* ADVOCACY ORGANIZATION		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), to for compensation totaling \$500,00		mount is <mark>required</mark>
	If you fail to provide the above Client	Compensation information,	provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

	I represented no clients and received no clien	nt compensation di	uring the annlicable
NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	1	
	GABLES RESIDENTIAL		
	Client Business Address*	Client Apartment	or Suite Number
	608 AUSTIN CENTER BLVD		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78751
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation du	ring the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* HELPING HAND HOME FOR CHILDREN		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 3804 AVENUE B Client City* AUSTIN Nature of Client's Business* NON-PROFIT	Client Apartment of Client State*	Client Zip Code*

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable* HPI REAL ESTATE & SERVICES INVESTMENT		
	Client Business Address* 3600 N. CAPITAL OF TEXAS HWY	Client Apartment of BLDG B, STE 250	or Suite Number
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78746
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is require for compensation totaling \$500,000 or more.		amount is <mark>required</mark>
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

	I represented no clients and received no clien	nt compensation du	uring the applicable
NO CLIENTS TO REPORT	reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*	7	
	LAMBERT		
	Client Business Address*	Client Apartment	or Suite Number
	1316 S. CONGRESS AVE		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78704
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* (\$) Exact Amount OR	
COMPENSATION		
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	1		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	MAGELLAN DEVELOPMENT GROUP, LLC		
	Client Business Address*	Client Apartment	or Suite Number
	225 N. COLUMBUS DRIVE	STE 100	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	CHICAGO	IL	60601
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is require for compensation totaling \$500,000 or more.		amount is <mark>required</mark>
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
_	MEREDITH FAMILY REVOCABLE TRUST			
	Client Business Address*	Client Apartment	or Suite Number	
	248 ADDIE ROY RD	STE C200		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78746	
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION	L			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable* P & S INVESTMENTS I, LLC			
	Client Business Address*	Client Apartment	or Suite Number	
CLIENT ADDRESS AND NATURE OF BUSINESS	8208 LONG CANYON Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client State* TX	Client Zip Code* 78730	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION	L			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* PARKE PROPERITES I, L.P.]		
	Client Business Address* 1411 SLEDGE DRIVE	Client Apartment	or Suite Number	
CLIENT ADDRESS AND NATURE OF	Client City* AUSTIN Nature of Client's Business*	Client State*	Client Zip Code* 78734	
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information,	provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME Client is an individual	Organization Name or Client Last Name, as applicable* PARKER			
	Client Business Address* 4213 HIDDEN CANYON COVE	Client Apartment	or Suite Number	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client State*	Client Zip Code* 78746	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION	L			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	1			
CLIENT				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* POWERFIN PARTNERS			
	Client Business Address* 100 CONGRESS AVE	Client Apartment of	or Suite Number	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78701	
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):	

Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* RAWSON SAUNDERS SCHOOL			
	Client Business Address* 2614 EXPOSITION BLVD	Client Apartment	or Suite Number	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78703	
NATURE OF BUSINESS	Nature of Client's Business* EDUCATION			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount	
COMPENSATION	Day City Code Section 4.9 6(AVi) to	a avast componentian s	amount is required	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME Client is an individual	Organization Name or Client Last Name, as applicable* REDDEHASE]		
CLIENT	Client Business Address* 715 GOLF CREST LN	Client Apartment	or Suite Number	
ADDRESS AND NATURE OF BUSINESS	Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client State* TX	Client Zip Code* 78734	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information,	provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	REIT MANAGEMENT AND RESEARCH, LLC			
	Client Business Address*	Client Apartment	or Suite Number	
	255 WASHINGTON STREET	STE 300		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	NEWTON	MA	02458	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
☐ Client is an individual	Organization Name or Client Last Name, as applicable*			
	Client Business Address*	Client Apartment o	or Suite Number	
CI IENIT	54 RAINEY ST	#1004		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	ТХ	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Day City Code Section 4.9 6(AVi) to	a avast componentian s	amount is required
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable* ROBINSON RANCH			
	Client Business Address* PO BOX 9556	Client Apartment	or Suite Number	
CLIENT ADDRESS	Client City* AUSTIN	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Day City Code Section 4.9 6(AVi) to	a avast componentian s	amount is required
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable *			
	RYAN STREET & ASSOCIATES			
	Client Business Address* 2414 EXPOSITION BLVD	Client Apartment	or Suite Number	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City* AUSTIN Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT	Client State*	Client Zip Code* 78703	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):	

Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* SUCCESS FOODS MANAGEMENT LLC DBA TORCHY'S TACOS			
	Client Business Address* 4501 SPRINGDALE ROAD	Client Apartment o	or Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78723	
NATURE OF	Nature of Client's Business*			
BUSINESS	RESTAURANTS			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* THE BROHN GROUP			
	Client Business Address*	Client Apartment of	or Suite Number	
	1550 TIMOTHY ROAD	STE 201		
CLIENT ADDRESS AND	Client City* ATHENS	Client State*	Client Zip Code*	
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT			
	The second secon			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION	L			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
	If you fail to provide the above Client	Compensation information,	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
TVAIVE				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	THE UNIVERSITY OF TEXAS SYSTEM			
	Client Business Address*	Client Apartment of	or Suite Number	
	201 WEST 7TH STREET			
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	HIGHER EDUCATION			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$10,000 - \$24,999	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	I			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	TRAMMELL CROW			
	Client Business Address*	Client Apartment o	or Suite Number	
	100 CONGRESS AVE	STE 225		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	тх	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount	
	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable *			
	TRAVIS HOTEL GROUP, LLC			
	Client Business Address*	Client Apartment of	or Suite Number	
	2711 N HASKELL AVE	STE 2800		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	DALLAS	тх	75204	
NATURE OF	Nature of Client's Business*			
BUSINESS	HOSPITALITY			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*	1		
	TRINE WOODS, LLC			
	Client Business Address*	Client Apartment	or Suite Number	
CUENT	13945 U.S. HWY 183 N	STE D-190		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78717	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), to for compensation totaling \$500,00	mount is <mark>required</mark>	
	If you fail to provide the above Client	Compensation information,	provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* TRUDY'S TEXAS STAR, INC.			
	Client Business Address*	Client Apartment of	or Suite Number	
	8133 MESA DR.	#206		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	AOSTIN		/8/39	
NATURE OF	Nature of Client's Business*			
BUSINESS	RESTAURANTS			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), to for compensation totaling \$500,00	mount is <mark>required</mark>	
	If you fail to provide the above Client	Compensation information,	provide your reason(s) (250 char. max):

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable			
NO CLIENTS TO REPORT	└─ reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*	,		
	W&G PARTNERSHIP			
	Client Business Address*	Client Apartment	or Suite Number	
	2801 VIA FORTUNA	STE 525		
CLIENT	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	TX	78746	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			
			,	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation	amount is <mark>required</mark>	
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	HYDE PARK BAPTIST CHURCH			
	Client Business Address*	Client Apartment	or Suite Number	
	3901 SPEEDWAY			
CLIENT	Client City*	Client State*	Client Zip Code*	
AND	AUSTIN	тх	78751	
NATURE OF	Nature of Client's Business*			
BUSINESS	RELIGOUS ASSEMBLY			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount	
COMPENSATION	Day City Code Section 4.9 6(AVi) to	a avast componentian s	amount is required	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* MAJOR LEAGUE SOCCER (MLS)			
	Client Business Address* 420 FIFTH AVENUE	Client Apartment	or Suite Number	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City* NEW YORK Nature of Client's Business* DEVELOPMENT OF SOCCER STADIUM AND PRACTICE FACILITIES	Client State*	Client Zip Code* 10018	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field

Add Another Client Page

Delete this page



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
Client is an individual	Organization Name or Client Last Name, as applicable *			
	HI TECH AUTO GROUP			
	Client Business Address*	Client Apartment	or Suite Number	
	3800 SOUTHWEST FREEWAY	STE 300		
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	HOUSTON	тх	77024	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount	
COMPENSATION	Day City Code Section 4.9 6(AVi) to	a avast componentian s	amount is required	
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client	Compensation information	, provide your reason(s) (250 char. max):	

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
☐ Client is an individual	Organization Name or Client Last Name, as applicable* MANIFOLD REAL ESTATE			
	Client Business Address* PO BOX 200463	Client Apartment	or Suite Number	
CLIENT ADDRESS AND	Client City* AUSTIN	Client State*	Client Zip Code* 78720	
NATURE OF BUSINESS	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client (Compensation information	, provide your reason(s) (250 char. max):	

Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* PRECOURT SPORTS VENTURES, LLC			
	Client Business Address*	Client Apartment of	or Suite Number	
	1 BLACK & GOLD BLVD			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	COLONIBOS		45211	
NATURE OF	Nature of Client's Business*			
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	1		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	INTREPID EQUITY INVESTMENTS LLC		
	Client Business Address*	Client Apartment	or Suite Number
	8140 N. MOPAC	SUITE 4-145	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	AUSTIN	TX	78759
NATURE OF	Nature of Client's Business* REAL ESTATE INVESTMENT/ DEVELOPMENT		
BUSINESS			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	2222 CAP. TEXAS, LLC		
	Client Business Address*	Client Apartment o	or Suite Number
	9811 KATY FREEWAY I	STE 925	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	HOUSTON	ТХ	77024
NATURE OF	Nature of Client's Business*		
BUSINESS	REAL ESTATE INVESTMENT/ DEVELOPMENT		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

* Indicates a required field



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT		ng the applicable reporting period	
PERSON	Title First Name*	Middle	
EMPLOYED OR	Last Name *	Suffix	
RETAINED	Employer*	Occupation*	
BUSINESS ADDRESS	Business Address* City*	Apartment or Suite Number State* Zip Code*	
MAYOR/COUNCIL RELATIVE	Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)? If yes, describe the nature of their employment *required if the above box is checked		
OR HOUSEHOLD MEMBER	First Name of Mayor/Council Member	Last Name of Mayor/Council Member	

* Indicates a required field



If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

No Activity Confirmation ☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

	(\$) Reimbursement to Others
	(\$) Food and Beverages
	(\$) Transportation and Lodging
	(\$) Gifts (other than Awards and Mementos)
EXPENDITURE	(\$) Entertainment
TOTALS	(\$) Awards and Mementos
(Blank values	(\$) Honorariums
will be interpreted as \$0)	(\$) Attendance of Council Members at Charitable Events or Fundraisers
	(\$) Media Communications (broadcast, print, advertising, etc.)
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE NAME AND BUSINESS	Organization Name or Payee Last Name,			
INTEREST	This payee is a business or business interest of a City Official			
Payee is an individual	If yes, First Name of City Official	Las	t Name of City C	Official
	Department of City Official	Job	Title of City Off	icial
PAYEE	Payee Address/ PO Box*		Payee Apartm	ent or Suite Number
ADDRESS	Payee City*		Payee State*	Payee Zip Code*
EXPENDITURE	(\$) Expenditure Amount* Expendit	cure Date* Category	·*	
DETAILS	Purpose of the Expenditure*			
Identify each City Official w	rho benefitted from or who may	/ have been influer	nced by the	expenditure, if applicable
City Official First Name	City Official Last Name	Departmer	nt	Job Title
				ge 127 of 128 Revised:
Add Another Expenditure Page			Delete t	this page 9/25/2017



Section 8: Declaration and Electronic Submission

DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

KELAN ROBINSON	1/10/2018
Typed Name	Report Date*

Electronic Submission and Signature

I have completed a **Lobbyist Contact Information Form**, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.